

MS

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

ORLANDO VARGAS II

13 1404

(In the space above enter the full name(s) of the plaintiff(s).)

- against - C.F.C.F. / HOUSE OF CORRECTIONS
PHILA. PRISON HEALTH SVC. COMPLAINT

MRS. MICHELLE FARRELL (WARDEN)

Jury Trial: ☐ Yes ☐ No

(check one)

LOUIS GIALA (COMMISSIONER)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

ORLANDO VARGAS II

1 MONTCLAIR LANE

WILLINGBORO

NJ, 08046

(215) 331-1632

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name C.F.C.F. / HOUSE OF CORRECTIONS
 Street Address 8001 STATE ROAD
 County, City PHILA.
 State & Zip Code PA, 19136

Defendant No. 2

Name PHILA. PRISON HEALTH SVC,
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 3

Name MRS. MICHELLE FARRELL (WARDEN)
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 4

Name LOUIS GIALA (COMMISSIONER)
 Street Address _____
 County, City _____
 State & Zip Code _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? UNLAWFUL 3 MAN CELL INCARCERATION

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? HOUSE OF CORRECTIONS
8001 STATE ROAD PHILA. PA, 19136

B. What date and approximate time did the events giving rise to your claim(s) occur? I BELIEVE
OCTOBER, NOVEMBER, DECEMBER 2012, & JAN, 2013

C. Facts:

I WAS IN A 3 MAN CELL IN HOC, BLOCK E-2
WITH MY CELLMATES "HECTOR SANCHEZ" AND
"DUREL MATHEWS". DUREL MATHEWS SLEPT ON THE TOP
BUNK ABOVE ME. HE COMPLAINED ALL THE TIME ABOUT THE COND-
ITIONS, CLEANLINESS OF LAUNDRY OF ME, EVEN THOUGH I KEPT MY-
SELF SHOWERED. ALWAYS WANTING TO FIST FIGHT. THREATENED ME
WITH 190° HOT WATER TO THROW ON ME. RIGHT BEFORE THE PRISON
FINALLY MOVED ME TO BLOCK G1 THEY BOTH (CELLMATES)
WANTED TO JUMP ME. THEY WERE STEALING MY COMMI-
SSARY. AND THREATENED TO THROW HOT WATER 190°
ON ME. THEY SAID "I WAS TOO BIG TO FIGHT FAIR!"

What
happened
to you?

Who did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. MENTAL ANGUISH

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

FEAR!!! \$40,000 FOR ME LIVING IN CONSTANT

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18th day of MARCH, 20 13

*NOTE! THIS IS NOT WHERE
I AM LIVING. I AM HOMELESS
LOST MY APT, WHILE
I WAS INCARCERATED!!
MY MOM'S ADDRESS →

Signature of Plaintiff: [Signature]
Mailing Address: 1 MONTCLAIR LANE
WILLINGBORO, N.J.
08046
Telephone Number: (215) 331-1632
Fax Number (if you have one): _____
E-mail Address: _____

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this 18th day of MARCH, 20 13, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: [Signature]
Inmate Number: 664375